

2022 Pediatric Abdominal Injury Clinical Guideline

Isolated Blunt Abdominal Injury

PED-ED

Start

Age ≥ 5 years

Torso ecchymosis, bruising; seat belt sign
 Abdominal pain; tenderness
 Abdominal distention; rigidity
 Emesis
 *Concerning mechanism

Age < 5 years

Torso ecchymosis, bruising; seat belt sign
 Abdominal pain; tenderness
 Abdominal distention; rigidity
 Emesis
 *Concerning mechanism

Hemodynamically stable?

CT of abdomen w/ IV contrast

Transfer to PED1

ANY of the following

- Free air
- Pancreas injury
- Hollow organ injury
- Solid organ injury Grade ≥ 3

YES

Transfer to PED1

If hemodynamically unstable

NS 20 mL/kg

If hemodynamics not improved

10-20 mL/kg PRBC

Repeat transfusion as needed and continue during transport
 Expeditious transfer

ANY of the following

- CT negative with symptoms
- Solid organ injury Grade 1 or 2
- **Seatbelt sign

YES

Transfer to PED, PED+ or PED1

*Concerning mechanism

- Fall > 10 feet
- High speed motor vehicle crash
- Auto versus pedestrian
- Ejection from vehicle
- Physical Abuse

ALL of the following

- Asymptomatic ≥ 2 hours
- Passed oral challenge without antiemetics
- Age-appropriate ambulation
- CT negative

YES

Consider discharge

This algorithm does not replace clinical judgment and is not intended to be prescriptive for all patients.

**Treatment should be dictated by clinical exam and concern. Bowel injury may take 12-24 hrs. to present. Consider formal telehealth consultation.